

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09-913351	FILING DATE 13 AUG 2001					
						APPLICANT(S) Brieva Melgado						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/			51					
2		/	/	/			52					
3		/	/	/			53					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		1				TOTAL IND.					
TOTAL DEP.	5	5	5	5	5		TOTAL DEP.					
TOTAL CLAIMS	6		6				TOTAL CLAIMS					